2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # P03000083826 1. Entity Name RUBIO & BARCIA INVESTMENTS, CORP.								Secre	tai y	or St	acc
Principal Place		iling Address		<u> </u>	7						
11555 NW 71ST ST. MIAMI, FL 33178				11555 NW 71ST ST. MIAMS, FL 33178			1 (22)/22((2) 1	NINS 11111 NSS1 NSS1 ANG	CON 1878 2 (1888)	DI 18118 MAIS S/M	SEI IS SEEI
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02022006	Chg-P	CR2E03	34 (11/05)	
City & State			}_	City & State			4. FEI Numbe 36-4537			Nat	Applicable
Zip	Country			Zip Coun		try	5. Certificate of Status Desired 58.75 Additional Fee Required				
	6. Name	and Address of Curre	tered Agent	Namo	7. Name and	Address of New Ro	egistered A	gent			
BARCIA, MARIA L 11555 NW 71ST ST. MIAML FL 33178						Street Address (P.O. Box Number is Not Acceptable)					
,,	mount, i C de l'id									7	
						City			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rematating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						ncing \$	5.00 May Be ided to Fees				
10,		OFFICERS A	NO DIREC	TORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	ORECTORS	IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
signature: 13 cuica Which an address, with all other like empowered.											
SIGNAL	VIXE.			NAUGOE SIGNING OFFICER	OFFIRE	TOR		Date		Saylime Phone #	— j